



REGISTRATION INSURANCE

QUESTIONNAIRE

1. Organization Name: _____

Address: _____

Email: _____ Phone #: _____

2. Type of Organization:

- Registration Provider Camp/Summer Program Sports League/Club
- Conference/Association Travel/Tour Operator Other _____

3. Is there a protection plan currently in place? Yes No

If Yes:

Carrier _____ Claims Administrator _____

Group/Individual Policy _____ Anniversary Date _____

Years in Force _____ Annual Premium \$ _____

4. Total Number of Participants:

Annually _____ Maximum participants per group/event _____
 Maximum participants on one common carrier _____

5. Program Duration:

Maximum Days _____ Minimum Days _____ Average Days: _____

6. Program Cost:

Maximum Cost \$ _____ Minimum Cost \$ _____ Average Cost: \$ _____

7. Additional Cost:

Average Air Cost: \$ _____ Average Hotel Cost: \$ _____ Average Cruise Cost: \$ _____



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8. Participant Age:

0-18 yrs. _____% 19-35 yrs. _____% 36-60 yrs. _____% 61-80 yrs. _____% 81+ yrs. _____%

9a. Destinations: Domestic _____% Foreign _____%

9b. Specific Foreign Destinations:

Central/South America _____% Australia _____%
Africa _____% Asia _____%
Europe _____% Other _____% (Please Specify _____)

10. Operator's refund policy for pre departure cancellation (Explain): _____

11. Operator's refund policy for post departure interruption (Explain): _____

12. Do you provide online registration to participants? Yes (Provider _____) No

Please provide a copy of cancellation terms and conditions, website information, and promotional materials on any existing insurance programs, including current and prior years claims experience and premiums.